

ASSEMBLY THIRD READING  
AB 1794 (Ransom)  
As Amended April 15, 2026  
Majority vote

## SUMMARY

Authorizes a pharmacist, manufacturer, or wholesaler to deliver prescribed enteral nutrition directly to a patient's residence.

### Major Provisions

- 1) Defines "enteral nutrition supplements or replacements" to mean medical food used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food.
- 2) Authorizes a pharmacist, manufacturer, or wholesaler to participate in an arrangement or agreement to deliver enteral nutrition supplements or replacements directly to a patient's residence pursuant to a valid order from a prescriber acting within their scope of practice.

## COMMENTS

*Background.* In clinical nutrition, nutrition therapy is a component of nutrition care provided during medical treatment. Nutrition therapy is provided through food replacements or nutritional supplements to maintain a healthy nutritional status when dealing with medical conditions.

Enteral nutrition is one of three forms of nutrition therapy, along with oral nutrition and parenteral nutrition. Oral nutrition involves eating or drinking the therapy by mouth. Enteral nutrition utilizes medical devices, such as nasal or stomach feeding tubes, to bypass the mouth and access the gastrointestinal (GI) tract directly. Parenteral nutrition utilizes intravenous catheters to provide the nutrients through the bloodstream, bypassing the GI tract altogether.

*Direct Delivery of Prescription Enteral Nutrition.* The Pharmacy Law and federal law specifically exempt food, which is defined to include enteral nutrition, from the definition of a drug. As a result, enteral nutrition is not regulated as a drug nor mentioned in the CSBP regulations. When enteral nutrition is prescribed, a pharmacist may still process the prescription for labeling or payor reimbursement purposes, but there is no Pharmacy Law impediment to delivering food directly to a consumer.

### According to the Author

[This bill] addresses a critical but often overlooked component of healthcare: access to medically necessary enteral formulas. For many Californians living with chronic illness, neurological conditions, gastrointestinal disorders, or severe disabilities who can't consume food orally, enteral formula is life-sustaining liquid nutrition. These products are equivalent to food and prescribed by healthcare providers to keep people nourished and healthy, preventing hospitalization, and preserving their quality of life. Patients and families face unnecessary barriers to obtaining enteral formula; for medically fragile patients it can be difficult or even dangerous to make trips to the pharmacy to pick up a food product. That is an unacceptable barrier. Nutrition delivered through enteral products, defined as "medical food," should be as accessible for patients as the grocery store. [This bill] makes access to these

medically necessary formulas simple and straightforward for patients, allowing the formula to be shipped directly to their front door, because no one should struggle to obtain the nutrition they need to survive and thrive.

### **Arguments in Support**

The *California Association of Medical Product Suppliers* (sponsor) writes in support:

[This bill] seeks to allow for prescribed "medically necessary supplements, or enteral nutrition" to be dispensed directly to patients at their homes while maintaining pharmacist oversight to ensure that nutritionally complete and clinically appropriate products are delivered safely. "Drop shipment" of enteral nutrition formulas directly to a patient's home has provided a lifeline for medically fragile patients who would otherwise be forced to struggle with transportation due to a combination of physical, medical, sensory, and logistical challenges in order to retrieve their nutritional supports.

Enteral nutrition formulas are administered under medical supervision when prescribed for treatment for digestive and inherited metabolic disorders. Medicare and many commercial payers allow for shipment directly to patients' homes as a cost-effective and efficient distribution method. Once the pharmacist confirms the initial order, allowing direct shipment streamlines access and reduces overhead - especially critical for medically fragile patients who rely on consistent nutritional support.

Medicare and many commercial payers allow for drop shipping as a cost-effective and efficient distribution method of enteral nutrition formulas and products. Prior to the establishment of Medi-Cal Rx in January 2022, licensed Home Medical Device Retailers (HMDRs) were able to distribute these items under fee for service and Medi-Cal managed care in the same manner. However, once Medi-Cal RX was implemented, it limited the distribution of enteral nutrition to "by pharmacies only." Providers were recently notified by Prime Therapeutics, the pharmacy benefit manager (PBM) for California's Medi-Cal Rx program, that drop shipping directly to patients' homes would no longer be acceptable as dispensing of these nutritional items would require a pharmacist or pharmacy technician to physically pull and label the items.

We believe this interpretation may have occurred since the implementation of Medi-Cal RX, and that enteral nutrition is now being treated with the same caution reserved for "controlled drugs" and "dangerous drugs" as opposed to "food." If left unchanged, this policy poses serious repercussions for those who rely on enteral nutrition formulas for their daily nutritional needs.

### **Arguments in Opposition**

The *California Pharmacists Association* writes in opposition:

While we appreciate the intent behind the legislation to facilitate access to enteral nutrition (EN) products, we are deeply concerned about the risks to patient safety that could arise from reducing or eliminating pharmacist oversight in their distribution and use.

[The sponsor's] fact sheet states that, "unlike dangerous drugs that need the clinical judgment of a pharmacist when dispensed, enteral formula is prescribed as a nutritional support." While enteral nutrition products are not prescription medications, they do, however, interact with several prescription drugs and, among other things, affect absorption. Pharmacists routinely apply their expertise to identify and mitigate these risks, which can have serious clinical consequences if overlooked....

This could lead to subtherapeutic levels, treatment failure, or toxicity if doses are not adjusted. Pharmacists review concurrent medications to recommend timing separations (e.g., holding feeds 1–2 hours before/after certain drugs), alternative formulations, or therapeutic monitoring....

Additionally, exempting manufacturers, wholesalers, and distributors that furnish enteral nutrition products directly to a patient's residence from the patient protection provisions in B&P Code Section 4051 undermines the statute's longstanding commitment to safeguarding patients. These protections exist to ensure appropriate oversight, accountability, and safe delivery, regardless of the distribution channel. Carving out such an exemption creates a gap in patient protection, potentially exposing vulnerable individuals to increased risk and weakening the integrity of a framework specifically designed to prioritize patient safety.

## FISCAL COMMENTS

The California State Board of Pharmacy (CSBP) anticipates minor and absorbable costs to educate licensees through various means and to promulgate regulations.

## VOTES

### ASM BUSINESS AND PROFESSIONS: 18-0-1

**YES:** Berman, Johnson, Addis, Ahrens, Alanis, Bauer-Kahan, Caloza, Chen, Elhawary, Hadwick, Haney, Hart, Irwin, Jackson, Lowenthal, Macedo, Nguyen, Pellerin

**ABS, ABST OR NV:** Bains

### ASM APPROPRIATIONS: 14-0-1

**YES:** Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Solache, Ta, Tangipa

**ABS, ABST OR NV:** Muratsuchi

## UPDATED

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